Rec# 54635054848

UNITED STATES DISTRICT COURT

RECEIVED

for the

FEB 10 2017

District of

TONY R. MOORE, CLERK WESTERN DISTRICT OF LOUISIANA SHREVEPORT LOUISIANA

Division

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

5:17-CV-0260 Sec P

(to be filled in by the Clerk's Office)

Jury Trial: (check one)

Rodney Arbuckle

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(A.	The	Plain	tiff(s)
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B.

The Flamum(s)	
Provide the information below fonceded.	or each plaintiff named in the complaint. Attach additional pages if
Name	Jason Hinson
Address	20, 276
	Coustable LA 71019
County	Ped River Parish Zip Code
Telephone Number	rea Fire Tarion
E-Mail Address	
The Defendant(s)	
individual, a government agency, include the person's job or title (it hem in their individual capacity	or each defendant named in the complaint, whether the defendant is an an organization, or a corporation. For an individual defendant, if known) and check whether you are bringing this complaint against or official capacity, or both. Attach additional pages if needed.
Defendant No. 1	
Name	Bodney Arbuckle
Job or Title (if known)	Sheriff Desoto Parish
Address	
	Mansfield LA 71052
County	City State Zip Code
Telephone Number	Desoto Parish
E-Mail Address (if known)	
	☐ Individual capacity ☐ Official capacity
Defendant No. 2	
Name	Kyle Martin
Job or Title (if known)	Deputy Sheriff - Desoto Parish
Address	referred section (SOBI)
	Mansfield UA 71052 City State Zip Code
County	Desoto Parish Zip Code
Telephone Number	Deso 10 (w 10) (

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

		E-Mail Address (if known)			
			☐ Individual capacity	Official capacit	у
		Defendant No. 3 Name Job or Title (if known)			
		Address			
		County	City	State	Zip Code
		Telephone Number E-Mail Address (if known)			
			☐ Individual capacity	Official capacity	/
		Defendant No. 4			
		Name			
		Job or Title (if known)			
		Address			
		County Telephone Number	City	State	Zip Code
		E-Mail Address (if known)			
			☐ Individual capacity	Official capacity	The second second second second
n.	Basis	s for Jurisdiction			
	Fede	or 42 U.S.C. § 1983, you may sue state unities secured by the Constitution and ral Bureau of Narcotics, 403 U.S. 388 itutional rights.	l lederal lawel" Indon Div.	C' TT T	
	A.	Are you bringing suit against (check	all that apply):		
		Federal officials (a Bivens claim)			
		State or local officials (a § 1983 claim)			
	B.	Section 1983 allows claims alleging the Constitution and [federal laws]. federal constitutional or statutory right.	42 U.S.L. 0 1983 IT VOIL 9	re cuina under contien	1000 1
		4th Amendment- 8th Amendment -			
		8th Amendment -	crises and un	Melial Oliver	oishna- I

- C. Plaintiffs suing under Bivens may only recover for the violation of certain constitutional rights. If you are suing under Bivens, what constitutional right(s) do you claim is/are being violated by federal officials?
- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color federal law. Attach additional pages if needed.

All deputies were on duty and in uniform for Desoto Parish Oheriff Office at the time of the inncedent

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

Bethel Church Road Logansport UA Desoto Parish

B. What date and approximate time did the events giving rise to your claim(s) occur?

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was bite by the police dog and laid down with him. After Kyle Martin ran up he yelled at the dog and yelled cut me" on you wanna run' and the dog released and bit again this time biting all the way down. He then handcuffed me and the dog bit me again. Other deputies ran up screaming and kicking me white I was thendure with the dog still biting my arm

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I had three dog bites and was taken to Desoto General then to University Health.

There I had to have surgery to keep my arm.

They had to cut me from the wrist to the elbow because the muscle was swelling.

I how have permenent nerve and muscle damage

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Punishment to deputies including removal

mental anguish from embarrassment of scara and the stress and fright of dogs pain and suffering - I brave constant burning pain everyday and weakened use of my pages of 7 dominate arm that Doctors tell me I may never get back and loss of future Earning Potential

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VI.	Certification	and	Closing
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Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	or my case.		
	Date of signing:	10-17	9
	Signature of Plaintiff Printed Name of Plaintiff	Jason Hinson	tion so
В.	For Attorneys		
	Date of signing:		
	Signature of Attorney		
	Printed Name of Attorney		_
	Bar Number		_

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Name of Law Firm		
Address		
Telephone Number	City State	Zip Code
E-mail Address		